



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Mental Health and Addiction***

402 W. WASHINGTON STREET, ROOM W353

INDIANAPOLIS, IN 46204-2739

317-232-7800

FAX: 317-233-3472

**Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration  
Grant  
Provider Demographic Information**

Date of Application: \_\_\_\_\_

Circle One:      New Application      Additional Services      Additional Service Area

Certifications Requested (circle all that apply)      Wraparound Facilitation      Wraparound Tech      Habilitation  
Training and Support      Respite      Consultative Clinical      Non-Medical Transportation      Flex Funding

Legal Name (person or agency): \_\_\_\_\_

DBA (Doing Business As) if applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County/Counties: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address for Contact: \_\_\_\_\_

**Type of Provider Entity (circle one):**

Individual      Social Security Number: \_\_\_\_\_

Agency/Corporation      Federal Tax ID Number: \_\_\_\_\_

Medicaid Provider Number (if applicable): \_\_\_\_\_

Billing Contact Person \_\_\_\_\_ Phone \_\_\_\_\_





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**Check off the assurances prior to signing. Signatures must be from an individual authorized to sign for the provider agency. Unsigned applications will be returned.**

☐ **1. Provider assures that, if approved, the provider agency complies and will maintain compliance with all applicable state and federal statutes, regulations, and licensure requirements for the approved service(s).**

☐ **2. Provider assures that, if approved, the provider agency will provide only those Medicaid HCBS waiver services for which the provider has been approved; services which have been authorized by the Wraparound Facilitator in the individual's Plan of Care/Cost Comparison Budget, and in accordance with the Waiver Provider Agreement.**

**Signature:**

**Print Name:**

**Title:**

**Agency Name:**

**Date:**

**Return Completed Packets to:**

CA-PRTF Grant Certification  
Division of Mental Health and Addiction  
Indiana Family & Social Service Administration  
402 W. Washington St., W353  
Indianapolis, IN 46204-2739  
Confidential Fax: 317 233-1986

